



*The Road Home:
National Conference on Returning Veterans'
and Their Families' Behavioral Health
Washington, DC*



The Rhode Island “Blueprint”

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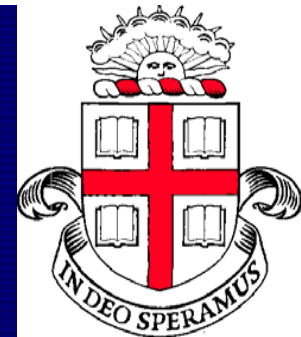
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March 18, 2006



Rhode Island Experience



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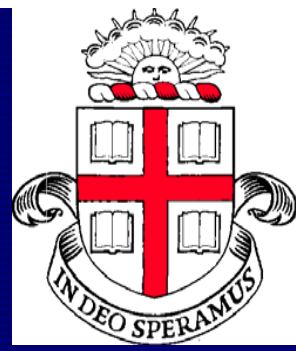
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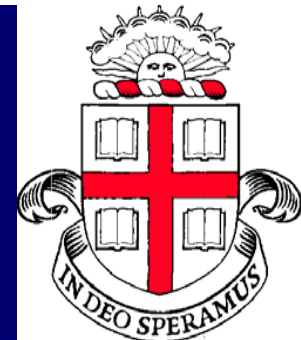
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What Do We Know?

- Historical evidence collected since the Civil War illustrates the long-term psychological injuries of war and combat.
- The last generation of veterans are presently overrepresented in our prisons and homeless shelters.
- Many National Guard members and Reservists never expected, nor were trained for, long periods of combat.
- A significant number of troops returning from the Middle East show symptoms of posttraumatic disorder including: major depression, generalized anxiety, sleep disorders, panic attacks, violent outbursts, and acute anxiety and emotional numbness.
- Posttraumatic disorders affect not only the troops, but also their loved ones; and can lead to alcoholism and substance abuse disorders.

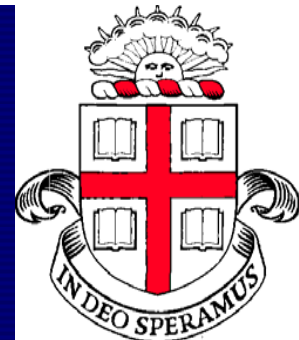


What Do We Know?

- Influx of new veterans with medical, employment, financial and psychological needs, in a time of limited federal resources.
- Services are available but must be actively obtained by the veteran; often the one in most need of assistance is least likely to seek help.
- Despite the best of intentions, no one agency – even with an unlimited budget – can meet the needs of these men and women.
- According to the U. S. Department of Veterans Affairs (VA), homeless veterans are mostly males (2% are females). The vast majority are single, most come from poor, disadvantaged communities, 45% suffer from mental illness, and 50% have substance abuse problems.



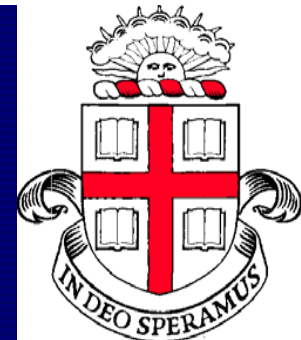
Rhode Island



- Since September 11, 2001, more than 4000 members of the Rhode Island National Guard and Reserves have been deployed with more deployments expected.
- According the 2003 VA CHALLENG Report, there are 23 beds funded by the Department of Veterans Affairs (VA) Homeless Providers Grant and Per Diem Program in the State of Rhode Island, for an estimated 400 homeless veterans.
- Our veterans and returning military are presenting new challenges to the health care system.



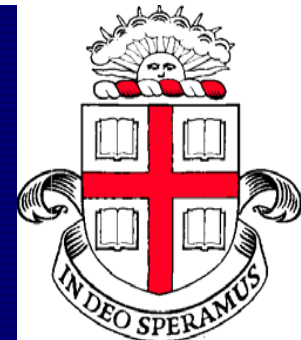
A NEED to CHANGE



- Forum for Family Members of the RI National Guard
(sponsored by Senator Reed's Office)
- Survey undertaken to:
 - identify available resources
 - document barriers to accessing care
 - develop strategies to meet emerging needs for returning soldiers and their families
- Meeting with local experts, RI National Guard, researchers, etc.



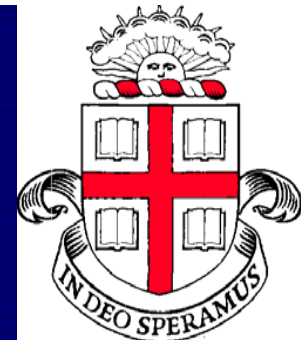
Key Informant Survey



- Do you or your organization provide health care services including mental health and addiction treatment to veterans and/or their families?
 - If yes, what type of service is provided, where is it provided and to whom (adults only, children and adolescents, family, etc.)?
 - How many veterans and/or their family members have accessed your services in the last 24 months?
 - If no, are you aware of other resources within the State that provides these services?
- Have you or a member of your family accessed services?
 - Were they easy to locate?
 - Please describe your/your family's experience when accessing services.



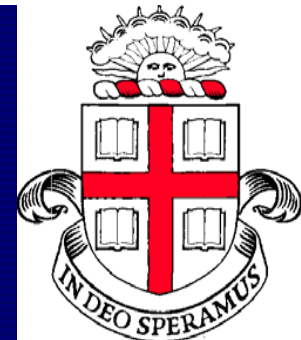
Survey Findings



- Services are available, however many are functioning in isolation.
- Community health care providers are unaware of the services provided by the VA Medical Center and the Vet Center and how to access them.
- Services for family members, especially children and adolescents were minimal, at best.



Initial Step

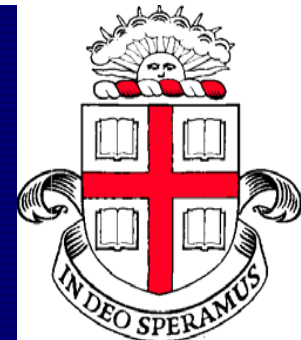


Facilitate networking
between the community,
the VA Medical Center
and The Vet Center





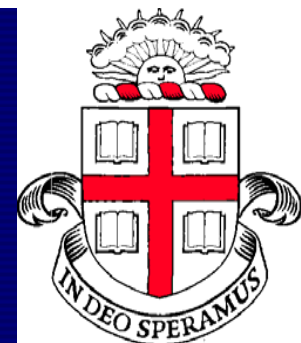
Conference Design



- Day-long conference designed to enhance the knowledge of community-based providers about posttraumatic disorders and its' consequences
- Framed as the beginning steps in the development of a system change initiative
 - identify existing resources
 - examine gaps, challenges and barriers
 - discuss new approaches to decrease barriers and realign existing resources, enhance practitioner skills, and develop new programs to address gaps in services



Topics



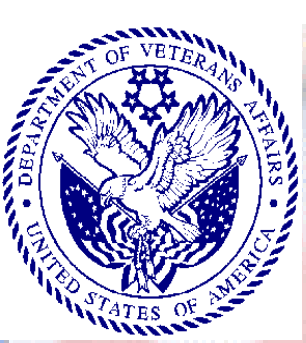
- An Overview of PTSD and Associated Features in Veterans
- Outreach Initiatives to OEF and OIF Veterans
- Assessment of PTSD and Co-Morbid Diagnoses
- VA/DOD Practice Guidelines and Psychosocial Treatments
- Overview of the Vet Center Services
- Special Issues for Families of the Military
- Understanding Loss and Grief in Children
- Community Resources: Increasing Access and Utilization



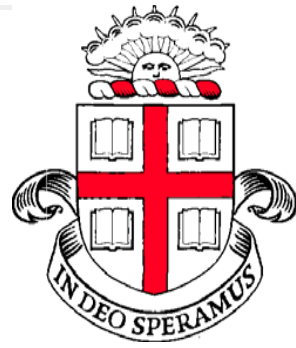
Volunteer Sign-Up



- Gather information for the development of a state-wide service/practitioner directory
- Information gathered:
 - General contact information
 - Provision of services to veterans and/or their families
 - Type of insurance accepted
 - Populations served
 - Areas of expertise
 - Willingness to participate on a committee: program development; professional trainings; state-wide directory; educational programs; community outreach; other



Next Steps



How Will We Welcome Them Home?

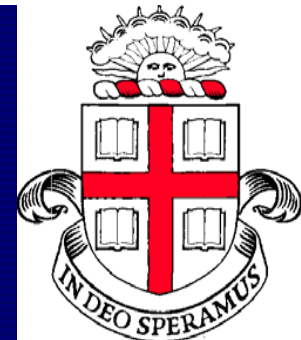
Design Team Gathering

June 27, 2005

Bring together key stakeholders to create a state-wide blueprint



Partners Consortium, LLC



Facilitators:

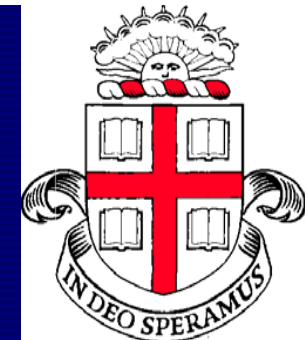
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Marianne A. Cocchini

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401.270.2370

www.partnersconsortium.com



Invited Participants



State of RI:

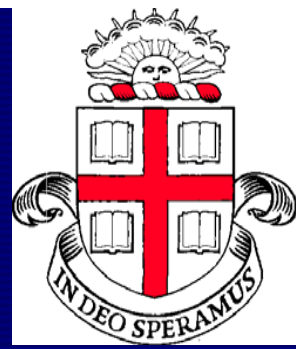
- Department of Human Service, Division of Veterans Affairs;
- Department of Corrections
- Department of Children, Youth & Families
- Department of Education
- Attorney General's Office, Health Care Advocate
- Department of Mental Health, Retardation & Hospitals
- Veterans Advisory Committee
- State of RI, State Police Training Academy
- Bradley Hospital
- Veterans Affairs Medical Center
- Representation from Congressional Leadership
- The Vet Center/Depart. of Veteran's Affairs
- Regional TriCare office
- Norfolk, MA Anti-Crime Council

RI National Guard

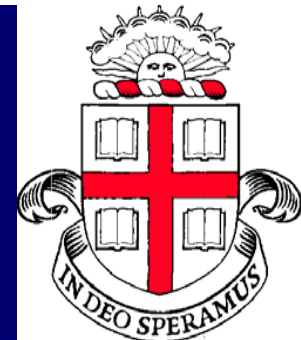
- Family Readiness Group Members and Leadership
- Employer Support for Guards & Reservists
- RI Foundation
- United Way of RI
- Progreso Latino
- Drug & Alcohol Treatment Association of RI
- Council of Community Mental Health Organizations
- Brown University – Pathways to Recovery from Combat
- Gateway- Lifewatch
- Partners in Health & Wellness
- RI Employee Assistance Program
- Coalition for Domestic Violence
- RI Health Centers
- Rite Care



Goal



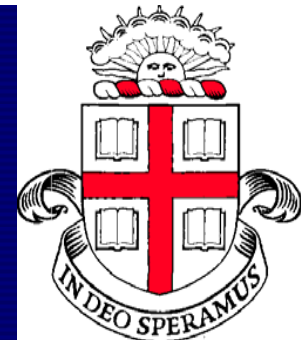
Develop a multi-pronged community effort that creates awareness programs and coordinates efforts with governmental and private services that provide services to returning veterans and their families.



Challenges

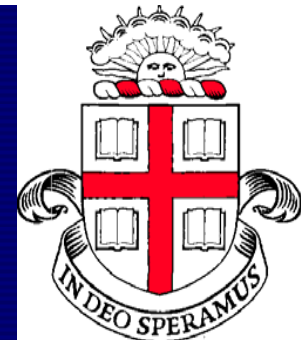
- Unprecedented numbers of women serving in combat roles and situations
- Possible exposure to both sexual assault and combat trauma
- Re-entry and adjustment to family and work
- Large number of amputees and other seriously wounded
- Incidence of traumatic brain injury

(Shea, T. (2005, May). Overview of PTSD and associated features in vets. Presentation given at conference *How Will We Welcome Them Home?*, Warwick, RI)



Identified Needs

- Resource guide of available resources
- Information for family members regarding: domestic violence; grief and loss; substance abuse; anger management; and re-entry issues
- Community based programs to address specific needs of families and children of deployed soldiers
- Educational programs for school systems
- “Vet-to-Vet” mentoring program

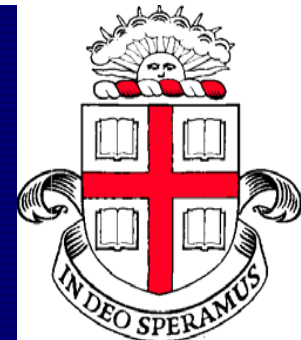


Identified Needs

- Advanced trainings for community based clinicians addressing: traumatic brain injury; advanced psychopharmacology; post-traumatic disorders and substance abuse; veteran's perspectives; effective treatment interventions; clinical aspects of deployment on children and families; anger management strategies; bereavement issues; and grief work strategies as it relates to loss of “normality”
- Educational programs for public safety and criminal justice professionals regarding the needs of veterans and the development of a referral network including the Vet Center and the VA Medical Center



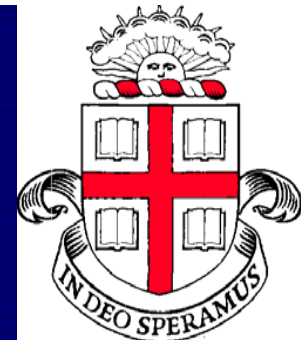
Drawing the Life Map of Veterans and Their Families



- What are the critical needs in the lives of Veterans and their families?
- What are the gifts and assets that Veterans bring for themselves and their families in addressing these needs?



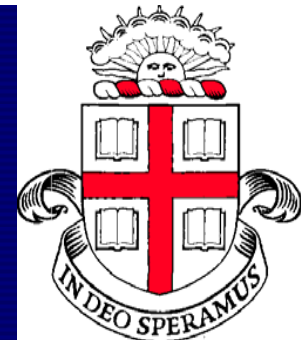
Mapping the Systems and Resources that Touch the Lives of Veterans and Their Families



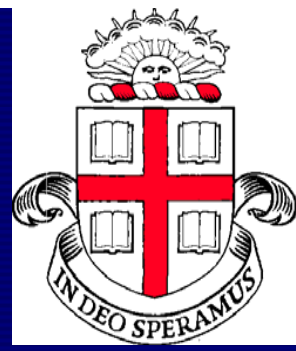
- What are those systems in place today that touch the lives of Veterans and their families?
- What are the resources that these systems bring to Veterans and their families?



Mapping Opportunities, Gaps and Challenges to Action and Impact



- Where are the opportunities, among these systems, resources and assets, for action and impact?
- Where are the gaps in services, resources and opportunities in these systems in addressing the life needs of Veterans and their Families?
- What are the challenges to our effective action and impact?

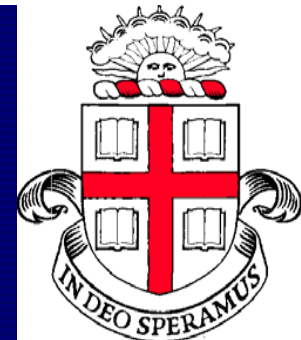


Developing Strategies

- What *are the most effective strategies for action and impact* given these opportunities, gaps and challenges?
- What do we see as the work ahead of us?
 - Short-Term
 - Long-Term
- What are the priorities for the Design Team's work?



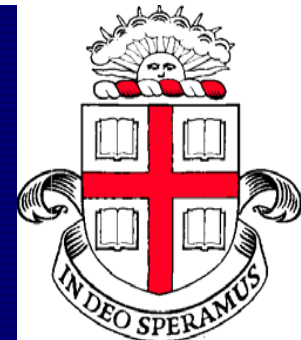
Priorities



- Develop a Communication Plan
- Design and Implement a National Engagement Strategy
- Plan and Implement a Veterans Day Event or Series of Events designed to draw attention/visibility to veterans' issues
- Plan and Execute a Series of Informational Workshops on Immediate Needs



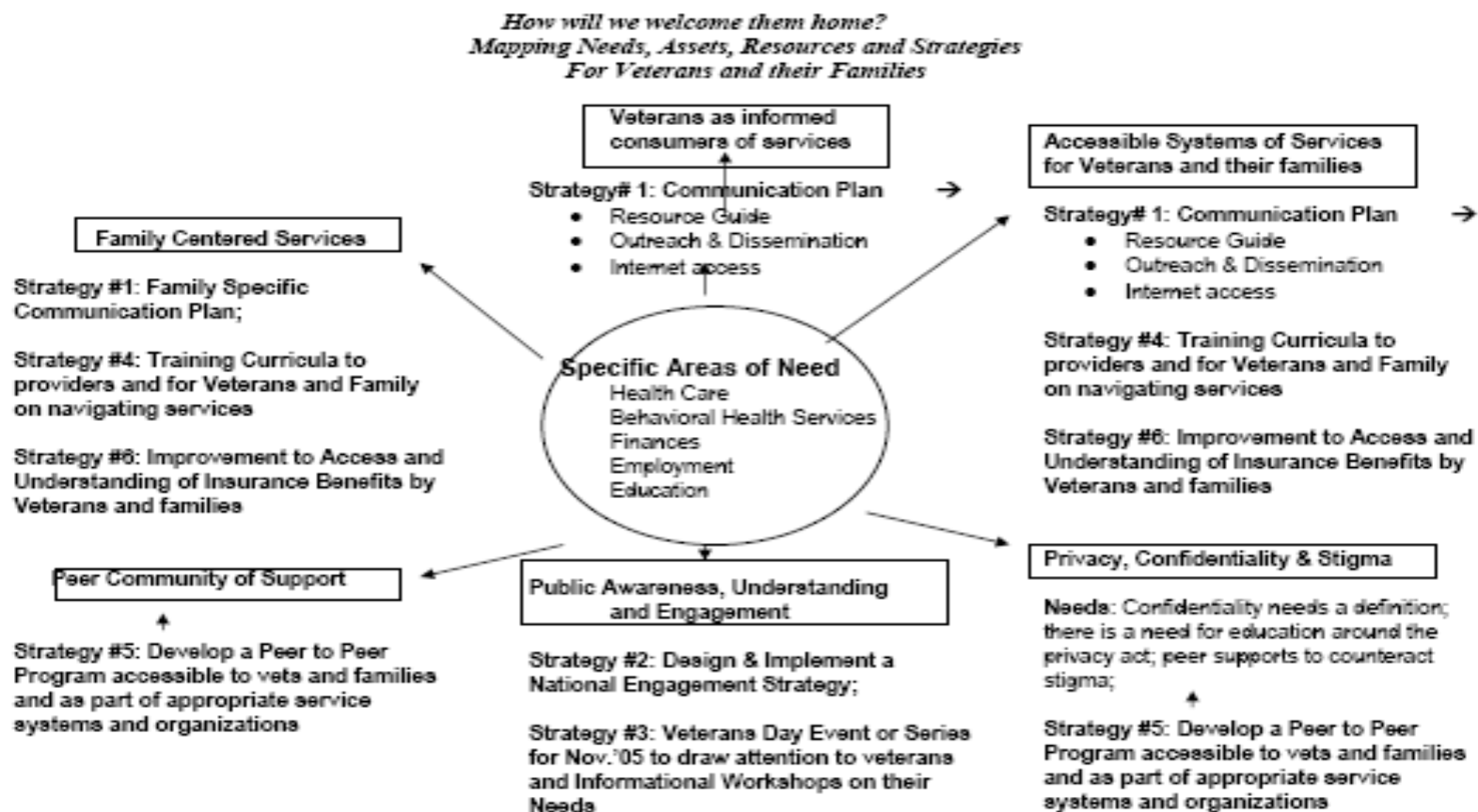
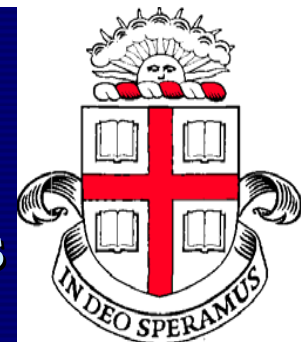
Priorities



- Develop and Make Accessible Training Curricula to and for Veterans/Families
- Develop/Ensure Development of Peer-to-Peer Program
- Improvement to Access and Understanding of Insurance(s)/Benefits by Veterans and their Families



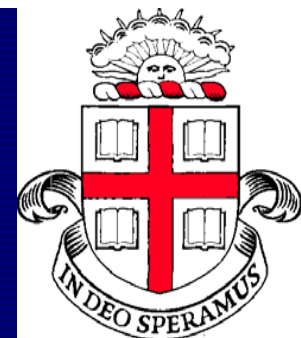
Mapping Needs, Assets, Resources and Strategies For Veterans and their Families





Guiding Questions

Programmatic



- How can we build capacity of the service systems to appropriately meet the changing needs of veterans and their families?

1B. How expansive and who decides what those needs are? How can we ensure cross-systems knowledge exchange? What is/are the point/points of entry into a multi/cross-system network?

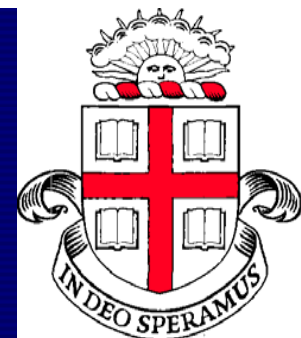
- How can we help veterans and their families manage the transition from active to inactive service through effective discharge planning in order to access benefits and services to which they are entitled, i.e., insurance, employment, etc.?

2B. How can we help ensure that an effective family reintegration process is available to veterans and to their families?



Guiding Questions

Programmatic

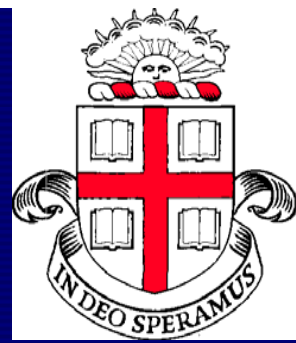


- How can we help normalize the accessing of services? How does the peer-to-peer approach help with lifting the stigma to services? What are the successful modalities for overcoming stigma? How do we ensure a “safe” environment for accessing services?
- In addition to being informed and ensuring compliance with the Privacy Act, what is our intentional policy about ensuring confidentiality and privacy in accessing services?
- How do we ensure that gender-specific challenges and gaps are addressed appropriately?
- How can we ensure that family issues are addressed?



Guiding Questions

Organizing/Methodology

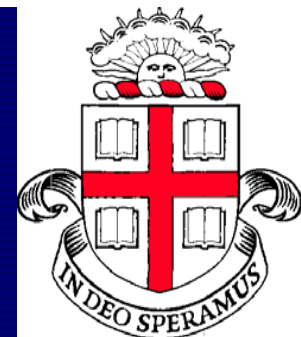


- At whose invitation does the work take place?
 - With what and whose authorities do we act?
 - Who is the “we”?
- To whom are we accountable?
 - Who/how ensures accountability?
- How do we organize for the work?
 - What is the stated purpose of the work?
 - What are the values and principles that guide the work?
 - Who are the participants and stakeholders that need to be engaged in the work?
 - What are our strategic objectives?



Guiding Questions

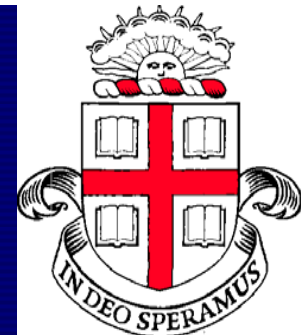
Organizing/Methodology



- Who and how are the relationships among stakeholders managed?
- How do we ensure the engagement and leadership of the policy and decision makers across systems?
- How do we build a research and evaluation capacity into the work?
- How can we keep the initiative from becoming politicized?



Rhode Island Experience

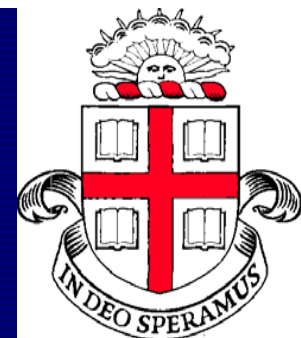


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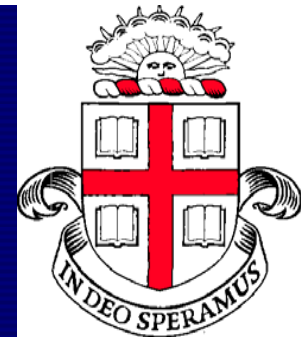
Rhode Island Experience



- Treatment Issues and Barriers
- Coordination of Services
- Future Directions
- Overview of Military Experiences
- Early Intervention
- Evidence-Based Treatments



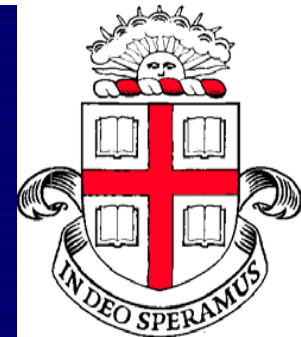
Treatment Issues



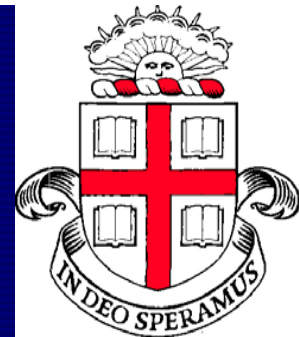
- Barriers to Treatment Seeking
- Prevent Family Breakdown
- Prevent Social Withdrawal and Isolation
- Prevent Problems with Employment
- Prevent Alcohol and Drug Abuse



Barriers to Treatment Seeking



- Veteran Barriers
- Family Barriers
- Employment Barriers
- Institutional/Organizational Barriers
- Social Barriers

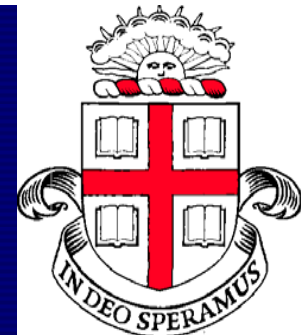


Veteran Barriers

- Stigma of Psychiatric Diagnosis
 - Employment, Social, Family
- Confidentiality
- Veteran's Attitudes
 - I don't have a problem.
 - I just lived through hell. If I can get back to my family, home, job and life I will be OK.



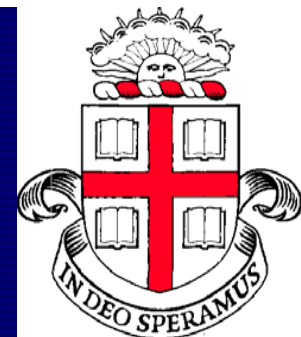
Family Barriers



- Change in Family Dynamics
 - Children Older, Spouse Changes Responsibilities
- Family Attitudes-We don't do it that way anymore. We handle that now.
- Financial Concerns
- Housing
- Health



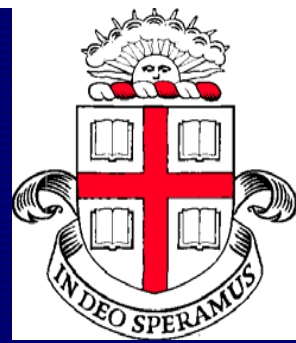
Institutional Barriers



- Outreach
- Acute Management
- Flexibility
- Transition and Readjustment
- Existing Policies and Organizational Structures



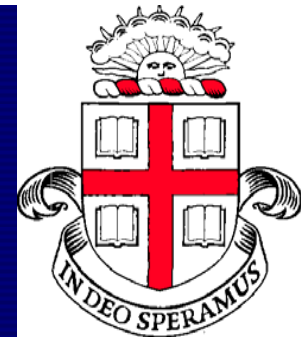
Prevent Family Breakdown



- Families Are Stressed and Experience Problems as a Result of Deployment
- Partners Make Role Adjustments (while soldiers are away) That Need to be Renegotiated Upon Return



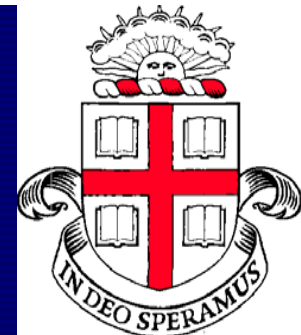
Prevent Problems With Employment



- Steady Employment is Likely to be One Predictor of Better Long Term Functioning
- Provide a Source of Meaningful Activity & Self-Esteem
- Give Opportunities for Companionship and Friendship



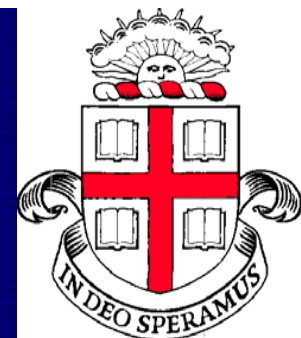
Communication and Coordination



- Vet Center
- National Guard
- Institutions/Organizations
- Community
- Federal
- State



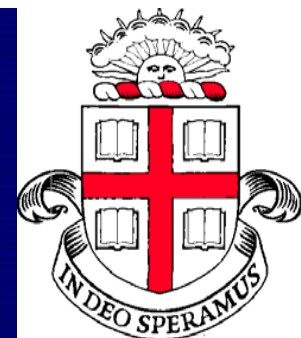
Vet Center



- Integration of Staff From Both Programs
- Attendance at Meetings
- Sharing of Supervision
- Sharing of Program Responsibilities
 - Outreach and Education for Military Leadership, Military Personnel and Family Members
 - Over 35 Programs Offered During Past Two Years



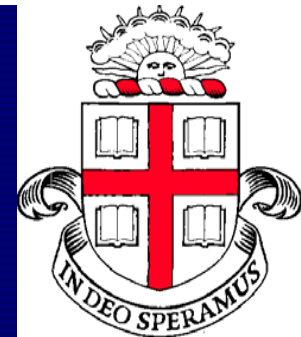
National Guard



- Approach Military Command Structure
- Attend Planning Meetings
- Meetings With Stakeholders
- Family Coordinator
- National Guard/VA Services Counselor



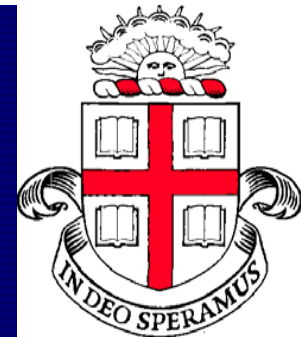
Government Agencies



- Federal-VA Regional Office- Elected Officials
- State-Elected Representatives
- Community-Primary Care Providers, TriCare, Police, Educators



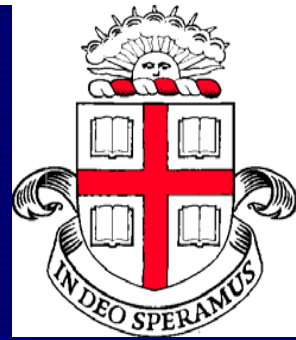
PTSD Clinic Services



- Outreach
- Assessment
- Education
- Prevention
- Early Intervention
- Psychotherapy
- Vet to Vet Program



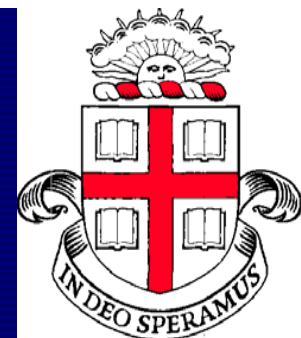
Outreach Services



- Pre-deployment
- Post deployment
- Family Meetings While Veterans Serve Overseas
- Anger Workshops
- Educational Programs for Military Leadership
- Educational Programs for the Community
- 30 Percent of Veterans Contacted Have Scheduled Follow-up Visits
- Many Veterans Return Home to Other Areas of the Country
- Identify Specific Staff as Point of Contact for All Questions and Services



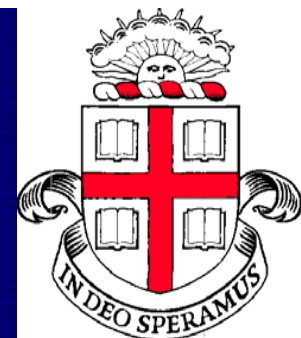
Assessment



- Veterans are assessed on an individual basis.
- Administered a comprehensive bio-psychosocial assessment to determine needs.
- Evaluations of PTSD symptoms, as well as anxiety, depression, substance abuse and psychiatric status may be offered.
- Family evaluations are included as clinically appropriate.



Treatment Services



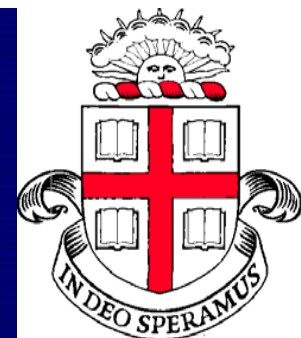
Currently, the Mental Health Service at the Providence VAMC has provided treatment to over 200 veterans from Iraq and Afghanistan. Thus far, we have been able to identify and address barriers to veterans seeking mental health services and these barriers include:

- a) confidentiality, as many of the veterans wish to remain in the military;
- b) the determination of a psychiatric diagnosis due to potential negative effects on employment; and
- c) family concerns.

The veterans enrolled in active treatment have shown a strong preference for individualized treatment.



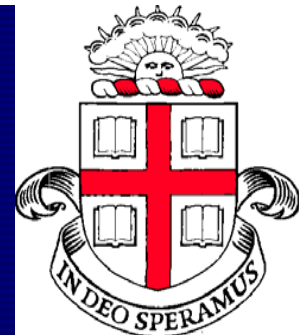
Phase Oriented Treatment



- Three-phase treatment protocol is delivered using the optimal treatments for veterans and their family members.
- Phase I offers education prevention, and readjustment and treatment planning. These services are delivered in an individual/ family treatment format.
- Phase II offers a range of evidenced-based treatments as clinically indicated.
- Phase III is available to veterans and their families, if needed, and is in response to continued needs that require a less intense and maintenance oriented service offered in a group therapy format.



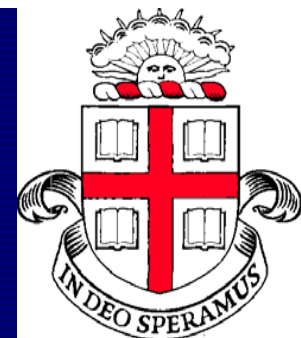
Future Directions



- Enhanced Staffing
- Outreach
- Home Visits
- Family Services
- Expanded Programs



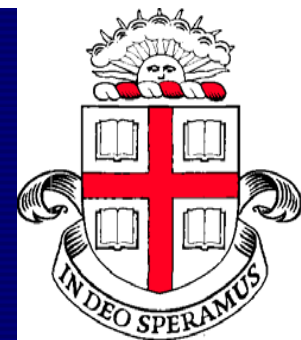
Psychiatric Treatment of Military Personnel



The medical, surgical, and psychiatric casualties of Operation Iraqi Freedom will receive care from a broad group of clinicians working in diverse clinical settings. Although most service members will initially be treated in military treatment facilities (MTFs), many may find themselves returning to the Continental United States with conditions that are treated in MTFs, VA Hospitals, and civilian treatment centers as they move through their recovery.



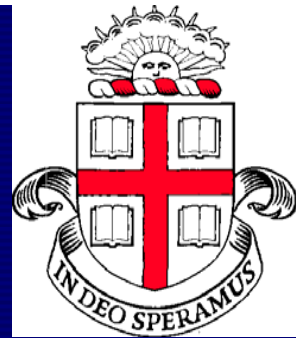
Multi-phasic Traumatic Stress Response



- Immediate phase is strong emotions, disbelief, numbness, fear and confusion accompanied by symptoms of autonomic arousal and anxiety
- Delayed phase is persistence of autonomic arousal, intrusive recollections, somatic symptoms, and combination of anger, mourning, apathy, and social withdrawal
- Chronic phase is continued intrusive symptoms and arousal with disappointment, resentment or sadness for others, and a re-focus on new challenges and the rebuilding of lives



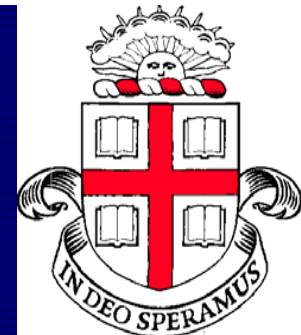
Simple Principles of Patient Management



- Focus Communication Around Veterans' Concerns
- Organize Information Coherently
- Give Risks as Numbers
- Use Universally Understood Language
- Focus on Relieving Symptoms



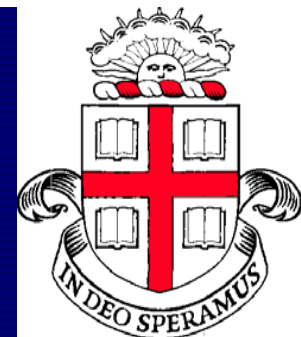
Diversity in Military Populations



- Veterans are from different areas of the country and vary in ethnic and cultural heritage
- Increased number of women
- Variety of military components (Active, Reserve, National Guard)
- Different combat stressors based on: site of duty, nature of conflict, duties assigned



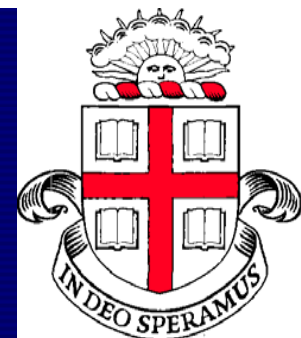
War-Zone Stressors



- Preparedness
- Combat Exposure
- Aftermath of Battle
- Perceived Threat
- Difficult Living & Working Environment
- Concerns About Life & Family Disruptions
- Sexual or Gender Harassment
- Ethno-Cultural Stressors
- Perceived Radiological, Biological, & Chemical Weapon Exposure



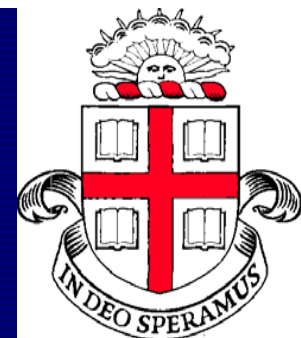
Early Intervention for ASD & PTSD



- Cognitive-behavioral early intervention has only been developed recently and has not yet been tried with war-related ASD
- In civilian populations, several randomized controlled behavioral treatments, delivered by two weeks after a trauma, can prevent PTSD in some survivors of motor vehicle accidents
- Treatment consisting of education, breathing training/relaxation, imaginal and in-vivo exposure, & cognitive restructuring



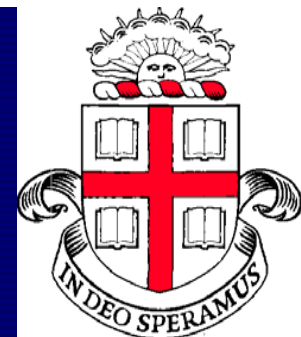
Practitioner Issues



- Working with veterans is likely to be emotionally difficult
- Reactions to stories of death, morality of the war, therapeutic inadequacy, lack of preparation for acute care may affect ability to listen and be therapeutic
- Those at greatest risk are young, inexperienced staff who are close in age to patients, & paraprofessionals who have less formal clinical education



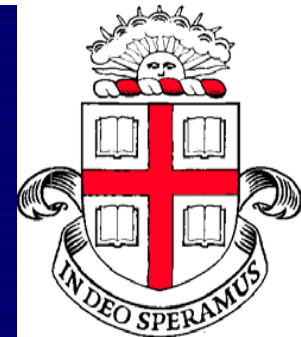
Evidence-Based Treatments



- Cognitive Therapy
- Cognitive-Behavior Therapy
- Exposure Therapy
- Stress Innoculation Therapy
- Eye Movement Desensitization



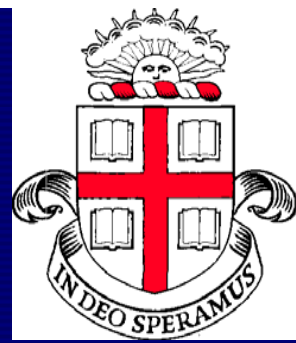
Other Treatments



- Group Therapy
- Supportive Therapy
- Medication Management
- Family Therapy



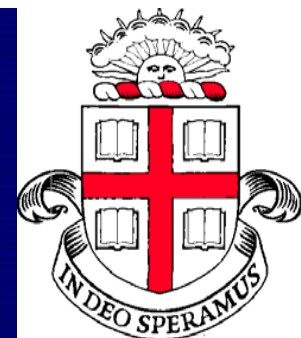
Group Therapy



- Provides a supportive environment in which a patient with PTSD may participate in therapy with other PTSD patients
- Group therapy first began as a front-line treatment for PTSD in the 1970s, and continued to be used and researched to the present.
- It has intuitive appeal by providing this form of therapy to patients who have to deal with isolation, alienation, and diminished feelings.
- It may foster survivor helping survivor feelings in participants



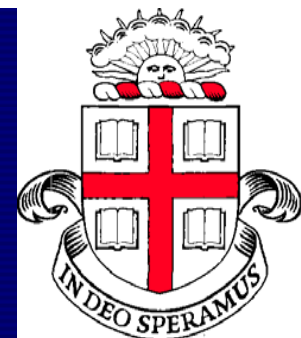
Indications for Group Therapy



- Flexibility in personal schedule in order to meet group at appointed times
- Ability to establish interpersonal trust with other group members and leaders
- Not actively suicidal or homicidal
- Shares similar traumatic experiences with other group members
- Willing to abide by rules of group confidentiality
- Not severely paranoid or sociopathic
- Has stable living arrangements



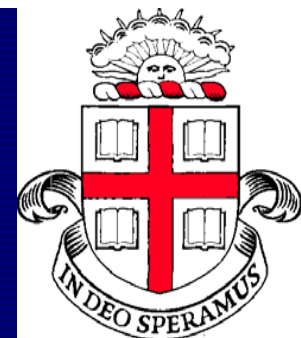
Supportive Approach



- Covering approach in which the emphasis is placed on addressing current life issues
- Interventions explore middle-range affects such as frustration, with the goal of diffusing more extreme affects
- Less reliance on formal content or structured materials than psychodynamic or cognitive-behavioral groups
- Low demand on clients for homework or mastery of materials
- Designed to maintain a sense of interpersonal comfort and to keep transference at a low to moderate level
- Orients members toward current coping
- Can be conducted in a range of clinical settings



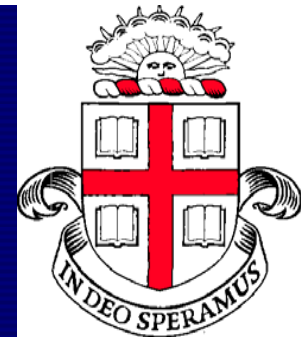
What Parents Can Do



- Encourage talking as a family before deployment
- Plans should be made for the family to continue to progress together, include the deploying parent
- Parents should be encouraged to listen to and to ask about a child's worries about the deployed parent and answer questions as truthfully as possible
- It can be helpful to younger children in appreciating the finite nature of a deployment by devising developmentally appropriate time-lines
- Support from the child's outside social structure is important as well
- Non-deployed parents need to take care of themselves so that they can be available to their children



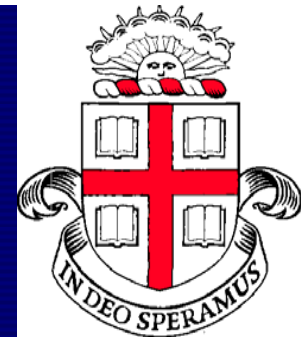
Community-Based Activities



- Jan, 2005: RING Family Readiness Support Group – stress management groups outside of the “formal” meeting , held in the community, currently ongoing
- May, 2005: RING Family Readiness Support Group leadership offered a couples weekend – to provide opportunity for returning soldiers and significant others to reconnect – to be repeated March, 2006
- July, 2005: Dept. of Corrections reviewing intake form and probation and parole forms to ensure inclusion of questions regarding military service/veteran status, currently ongoing
- July, 2005: Family and Community Resource Guide conceptualized and tasks defined; lead role - RING and Senator Reed’s office; currently under development



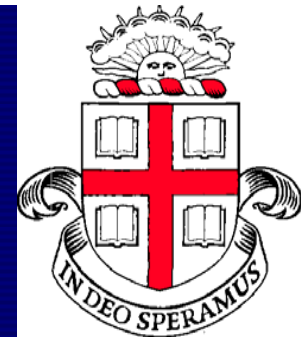
Community-Based Activities



- Oct, 2005: Proposal submitted to Nordson Foundation in collaboration with the RI Council on Alcoholism and Other Drug Dependence to create a program to place veterans that are homeless or at risk to be homeless into their Recovery Housing Program
- Nov, 2005: *Coping with Wartime Deployment: Special Issues for Families* Family Service of Rhode Island (Member of RI Trauma Network; The Trauma and Loss Center)
- Dec, 2005: Proposal submitted to provide family treatment interventions to Iraq and Afghanistan veterans and their families to NIDA by researchers at Butler Hospital
- Feb, 2006: Coordinated effort between the RING, private practitioners, and The Vet Center to provide counseling to the Family Readiness Support Group members on-site at RING headquarters



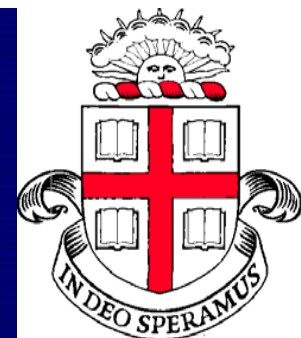
Community-Based Activities



- Feb, 2006: Initial discussions to explore a working partnership between the VA Medical Center and community-based substance abuse treatment programs
- March 1, 2006: *Diagnosis. Assessment. Treatment. Complex Issues Related to Mild Traumatic Brain Injury*
- April 12, 2006: *PTSD & Veterans: Information for Public Safety Professionals* (funded by the Ella Lyman Cabot Trust, Inc.)
- April 26, 2006: *Coping with Wartime Deployment: Special Issues for Families*
- March 5, 2006: TriCare presentation for RING family members to explain benefits in more detail and respond to questions
- May 10, 2006: *PTSD and Substance Abuse: Treatment Interventions*



Community-Based Activities



New Initiative

Increase community familiarity about state laws and local ordinances that support the best treatment of returning armed forces and their families.